

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014		
Mailing Address PO Box 388			Amount 241.80		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E86432DD3B9A94C13B13		
Purpose of Expenditure IE-Shannon-Online Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2014		
Name of Federal Candidate T W Shannon		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 17 / 2014		
Mailing Address PO Box 388			Amount 200.10		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : ED87EE215FE7F4742A2B		
Purpose of Expenditure IE-Shannon-Online Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 17 / 2014		
Name of Federal Candidate T W Shannon		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			441.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p><i>Paul Kilgore</i></p> <p>Signature</p> </div> <div style="width: 20%; text-align: center;"> <p>[Electronically Filed]</p> </div> <div style="width: 20%;"> <p>Date</p> </div> <div style="width: 20%;"> <div>MM / DD / YYYY</div> <div>06 / 10 / 2014</div> </div> </div>					

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(Schedule E)PAGE 2 OF 3
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NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014		
Mailing Address PO Box 388			Amount 441.60		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EBA582AE0C0264B65B13		
Purpose of Expenditure IE-Shannon-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014		
Name of Federal Candidate T W Shannon		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought		30234.49	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 31 / 2014		
Mailing Address PO Box 388			Amount 195.40		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EC5EF36F739604BB19BB		
Purpose of Expenditure IE-Shannon-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2014		
Name of Federal Candidate T W Shannon		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought		30429.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	637.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
06 / 10 / 2014

Signature

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PAGE	3	OF	3
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 10 / 2014		
Mailing Address PO Box 388			Amount 132.80		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : E8B18923E7916450B9D4
Purpose of Expenditure IE-Shannon-Online Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014		
Name of Federal Candidate T W Shannon		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Envision Printers/Marketing			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 10 / 2014		
Mailing Address 2 Riverbend Pkwy			Amount 4131.04		
City Leesburg		State VA	Zip Code 20176-0000		Transaction ID : ECEF9707F018D4CBC804
Purpose of Expenditure IE-Shannon-Direct Mail Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014		
Name of Federal Candidate T W Shannon		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4263.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5342.74		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Paul Kilgore		[Electronically Filed]		Date MM / DD / YYYY 06 / 10 / 2014	